



Request for Exemption from COVID-19 Vaccine

Name (print):	Date:
Employee ID:	Position:
Agency Name: IMPERIAL VALLEY RESPITE, INC	Work/Cell Phone:

I cannot receive the COVID 19 vaccine and request an exemption for the reason below.

- Religious
- Medical (Physician statement must be attached)

Respite Care Provider Signature:

Printed Name:

Signature:

Date:

HR USE ONLY

Date of initial request: __/__/__

Accommodation request:

- Approved __/__/__

Describe specific accommodation details: _____

- Denied __/__/__

Describe why accommodation is denied: _____

